

# Montana 1115 HELP Demonstration Waiver Amendment Public Hearing

Montana Department of Public Health & Human Services

August 2017

# Agenda

- Montana Legislature Senate Bill 261
- Changes
- Eligibility
- Benefits
- Public Comment

# 2017 Montana Legislature

## Senate Bill 261

- The 2017 Montana Legislature passed Senate Bill (SB) 261, which requires state agencies to make a variety of changes if state revenues do not reach certain levels by certain dates.
- As mandated in section 14 (1) of SB 261, the Department must terminate its contract with the Third Party Administrator (TPA), Blue Cross Blue Shield of Montana (BCBSMT), of the Health and Economic Livelihood Partnership (HELP) Plan.

# Changes

- 1115 HELP Demonstration Waiver
  - Removal of any reference to administration of the HELP Plan through the TPA, Blue Cross and Blue Shield of Montana; and
  - Changes to the copayment cap structure for members subject to premiums:
    - A member with a premium will now be subject to 2% of his/her income in premium and 3% of his/her income in copayment, per quarter, with no premium credit.
  - The copayment exemption for preventive services will remain in place.

# Changes continued

- 1915(b)(4) HELP Waiver
  - The two-year 1915(b)(4) HELP Fee-for-Service Selective Contracting Waiver will be allowed to expire naturally on December 31, 2017.
- TPA Alternative Benefit Plan (ABP) and Medicaid Aligned State Plans
  - Montana will submit a request for withdrawal of the TPA ABP, and Montana will confirm alignment of benefits in the Aligned ABP to Standard Medicaid.
- Cost Share State Plan
  - Montana will submit a State Plan Amendment (SPA) to remove all references to the HELP Plan TPA and remove the HELP Plan cost share table.

# Medicaid Expansion HELP Program Eligibility

- 1115 amendment does not change eligibility criteria:
  - Adults, ages 19-64;
  - Incomes 0-138% FPL;
  - Montana resident;
  - US citizen or documented, qualified alien;
  - Not eligible or enrolled in Medicare; and
  - Not incarcerated.

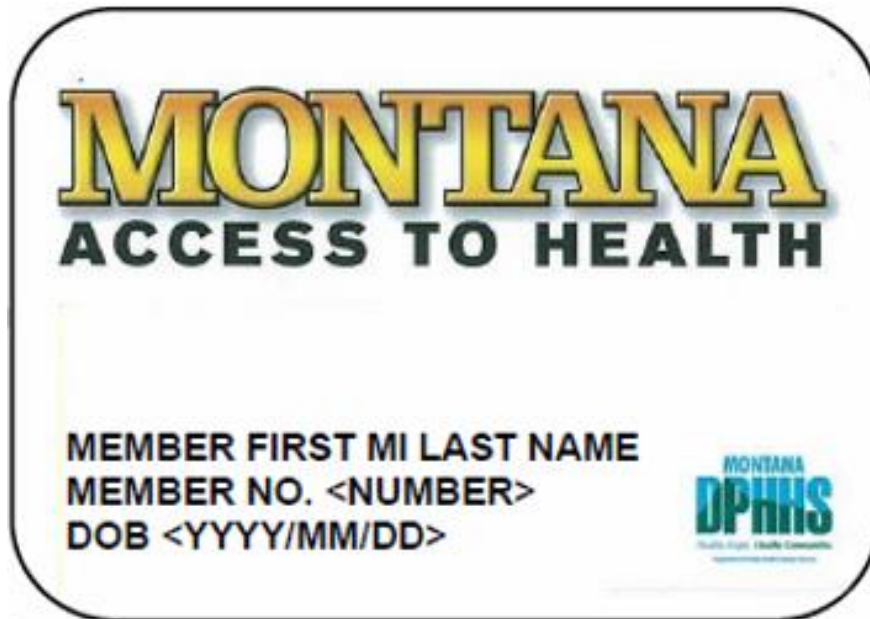
Individual will receive 12 months of continuous eligibility.

# Medicaid Expansion

## HELP Program Benefits – Standard Medicaid

- Audiology
- Behavioral Health
- Dental and Dentures
- Durable Medical Equipment/Supplies
- Emergency
- Eyeglasses
- FQHC/RHC
- Hearing Aids
- Home Infusion
- Hospital
- Indian Health Service/Tribal Health
- Lab and X-Ray
- Medical Vision and Exams
- Pharmacy
- Physician/Mid-Level
- Therapies (OT, PT, ST)
- Transportation
- Urgent Care

# Standard Medicaid ID Card



**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES**

**Members:** This is your Medicaid ID card. Present this card to your health care provider. For information on covered services, refer to your Member Guide at <http://dphhs.mt.gov/MontanaHealthcarePrograms> or call 1-800-362-8312.

**Providers:** Verify member eligibility through the MATH web portal at <https://mtaccesstohealth.acs-shc.com> or FaxBack 1-800-714-0075. For assistance, contact Provider Relations at 1-800-624-3958 or [MTPRHelpdesk@Xerox.com](mailto:MTPRHelpdesk@Xerox.com). For Passport enrollment or caseload questions contact 1-800-362-8312 or visit <http://medicaidprovider.mt.gov/passport>. Send paper claims to: Claims Processing Unit, P.O. Box 8000, Helena, MT 59604.



# Public Comment

- Two public hearings will be held:
  - (1) August 9, 2017 at 10:00 am in the Sanders Auditorium, 111 North Sanders, Helena, Montana. To register for the meeting, use the following link, <http://dphhs.mt.gov/healthcare>. You will receive instructions for joining the meeting upon registration; and
  - (2) August 10, 2017 at 2:00 pm in the RiverStone Health's Lil Anderson Center, Yellowstone Meeting Room, 2626 First Avenue South, Billings, Montana. To register for the meeting, use the following link, <http://dphhs.mt.gov/healthcare>. You will receive instructions for joining the meeting upon registration.

Questions or comments may be addressed to:

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By September 1, 2017